

Your Name _____

Eating Disorder History and Treatment

These questions are designed to help you obtain the best possible treatment specific to your needs. Please answer each question as best you can using the bottom of the page when you need more room.

The following terminology is specific to the treatment at A Better Way Counseling Center. Please take a moment to familiarize yourself with these specific terms.

Eating disorder behaviors consist of the following activities:

Binge eating: *feeling out of control eating large amounts of food rapidly in a brief time period.*

Compulsive eating: *feeling out of control eating large amounts of food over an extended period (i.e. throughout the day) instead of all at once.*

Purging: *ridding the body of unwanted food through artificial means such as vomiting or the use of laxatives.*

People engage in these behaviors in different patterns. Some will do them frequently and consistently, others do them only occasionally and randomly, and still others do them on a regular basis but not frequently. The following questions will help us understand your pattern.

Binge Eating

Number of days you binged in the past month: _____

Average number of times per day you binged: _____

Approximate age when you first binged: _____

For the following, check the statement that best applies. How would you describe your episodes of binge eating in the past year?

____ Frequent and regular episodes (averaging _____ times per week)

____ Episodes lasting:
_____ days or _____ weeks or _____ months.

with periods of normal eating in between. During these episodes you binged:
_____ times per day or _____ times per week.

____ Infrequent episodes (please describe length of time and number of occurrences in the past year):

What do you eat on a typical binge?

Please provide any additional information you believe is important, using the bottom of the page if necessary.

Compulsive Eating

Number of days you ate compulsively in the past month: _____

Approximate age when you first ate compulsively: _____

For the following, check the statement that best applies. How would you describe your episodes of compulsive eating in the past year?

____ Frequent and regular episodes (averaging _____ times per week)

____ Episodes lasting:
_____ days or _____ weeks or _____ months.

with periods of normal eating in between. During these episodes you ate compulsively:
_____ times per day or _____ times per week.

____ Infrequent episodes (please describe length of time and number of occurrences in the past year):

What do you eat during a typical episode in which you eat compulsively?

Please provide any additional information you believe is important, using the back page if necessary.

Purging

Number of days you purged in the past month: _____

Average number of times per day you purged: _____

Type of purging (e.g., vomiting, laxatives, etc.): _____

Approximate age when you first purged: _____ What type? _____

For the following, check the statement that best applies. How would you describe your episodes of purging in the past year?

____ Frequent and regular episodes (averaging _____ times per week)

____ Episodes lasting:

_____ days or _____ weeks or _____ months

with periods of normal eating in between. During these episodes you purged:
_____ times per day or _____ times per week.

____ Infrequent episodes (please describe length of time and number of occurrences in the past year):

Please provide any additional information you believe is important, using the back page if necessary.

Exercise

How many hours per day have you exercised over the past month? _____

Per day over the past year (on average)? _____

Approximately how many days have you exercised over the past month? _____

How many days, on average, have you exercised per month over the past year? _____

Was there a time you exercised more or less? _____ When and how much did you exercise?

Weight History

Please use this space to describe your weight history. Include your lowest and highest adult weights and when you were at them. Also describe your weight fluctuations over the course of your life.

General Information

When did your eating disorder behavior first start? _____

What behavior? _____

For women:

When was your last period? _____

How many have you missed since then, if any? _____

Are your periods irregular? _____ If so, describe: _____

In the past two years, have you missed three or more periods? _____

When and how many did you miss? _____

List any health problems you have that may have been caused by your eating disordered behavior:

Treatment

Please list:

(A) any treatment you have had for your eating disorder, or in which your eating disorder was discussed (with therapists, physicians, nurses, etc.),

(B) what kind of treatment you received (medical care, hospitalization, individual, family or group psychotherapy, etc.),

(C) when you were treated,

(D) who you saw for treatment,

(E) and for how long:
